

## Children's and Adolescents' Access to Primary Care Practitioners

### Metric Information

**Metric description:** The percentage of Medicaid beneficiaries 12 months - 19 years of age who had an ambulatory or preventive care visit in the measurement year. This includes, but is not limited to, general medical exams and well child visits. Submetrics are reported separately for the following age groups:

- 12–24 months who had a visit during the measurement year;
- 25 months–6 years who had a visit during the measurement year;
- 7–11 years who had a visit during the measurement year or the year prior to the measurement year;
- 12–19 years who had a visit during the measurement year or the year prior to the measurement year.

It is important to note that this metric is a modified version of the HEDIS® metric. The HEDIS® specification requires including only primary care providers and excluding all specialty care visits. This metric captures all ambulatory or preventive visits, regardless of provider type.

**Metric specification version:** HEDIS® 2018 Technical Specifications for Health Plans, NCQA (modified).

**Data collection method:** Administrative only.

**Data source:** ProviderOne Medicaid claims/encounter and enrollment data.

**Claim status:** Include only final paid claims or accepted encounters in metric calculation.

**Identification window:** Varies depending on the age group:

- Age 12–24 months: the measurement year.
- Age 25 months–6 years: the measurement year.
- Age 7–11 years: the measurement year and the year prior.
- Age 12–19 years: the measurement year and the year prior.

**Direction of quality improvement:** Higher is better.

**URL of specifications:** Metric is a modified version of the HEDIS® specification available via: [www.ncqa.org/hedis/measures](http://www.ncqa.org/hedis/measures)

### DSRIP Program Summary

**Metric utility:** ACH Project P4P  ACH High Performance  DSRIP statewide accountability

**ACH Project P4P – Metric results used for achievement value:** Submetric results reported for four age groups: 12-24 months; 25 months – 6 year; 7 – 11 years; 12 – 19 years. Weighted average of performance for each submetric is used to calculate overall AV; determined by number of Medicaid beneficiaries the ACH has in each submetric.

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**ACH Project P4P – improvement target methodology:** gap to goal.

**ACH Project P4P gap to goal - absolute benchmark value:**

DY 3/performance year 1 (2019)	<p>Submetric 12–24 months: 97.89% 2017 NCQA Quality Compass National Medicaid, 90<sup>th</sup> Percentile</p> <p>Submetric 25 months–6 years: 93.16% 2017 NCQA Quality Compass National Medicaid, 90<sup>th</sup> Percentile</p> <p>Submetric 7–11 years: 96.1% 2017 NCQA Quality Compass National Medicaid, 90<sup>th</sup> Percentile</p> <p>Submetric 12–19 years: 96.09% 2017 NCQA Quality Compass National Medicaid, 90<sup>th</sup> Percentile</p>
DY 4/performance year 2 (2020)	<p>TBD 2018 NCQA Quality Compass National Medicaid, 90<sup>th</sup> Percentile</p>
DY 5/performance year 3 (2021)	<p>TBD 2019 NCQA Quality Compass National Medicaid, 90<sup>th</sup> Percentile</p>

**ACH regional attribution:** Residence in the ACH region for 11 out of 12 months in the DSRIP measurement year.

### DSRIP Metric Details

Eligible Population	
Age	<p>Ages 12 months to 19 years. Age is as of the last day of the measurement year. Four ages groups are reported:</p> <ul style="list-style-type: none"> <li>- 12–24 months;</li> <li>- 25 months–6 years;</li> <li>- 7–11 years;</li> <li>- 12–19 years.</li> </ul>
Gender	N/A
Minimum Medicaid enrollment	<p>Enrollment criteria varies depending on the age group:</p> <ul style="list-style-type: none"> <li>- 12–24 months: the measurement year;</li> <li>- 25 months–6 years: the measurement year;</li> <li>- 7–11 years: the measurement year and the year prior to the measurement year;</li> <li>- 12–19 years: the measurement year and the year prior to the measurement year.</li> </ul> <p>Enrollment must be continuous.</p>
Allowable gap in Medicaid enrollment	<p>One gap of one month during the measurement year and if applicable, one gap of one month the year prior to the measurement year.</p>

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Medicaid enrollment anchor date	Last day of measurement year.
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.

### Denominator:

*Data elements required for denominator:* Medicaid beneficiaries 12 months–19 years of age as of the last day of the measurement year. The age are separated into the following age groups:

1. 12–24 months as of the last day of the measurement year.
  - a. This includes all children who are at least 12 months old but younger than 25 months old during the measurement year (i.e., born on or between December 1, 2016, and December 31, 2017).
2. 25 months–6 years as of the last day of the measurement year.
  - a. This includes all children who are at least 2 years and 31 days old but not older than 6 years during the measurement year (i.e., born on or between January 1, 2011, and November 30, 2015).
3. 7–11 years as of the last day of the measurement year.
4. 12–19 years as of the last day of the measurement year.

*Required exclusions for denominator.*

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
  - o Beneficiaries in hospice care.

*Deviations from cited specifications for denominator.*

- HEDIS® specifications require no more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, as is the case for the ProviderOne data source, the Medicaid beneficiary may not have more than a 1-month gap in coverage (i.e., a Medicaid beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

### Numerator:

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

*Data elements required for numerator.* Count, for all eligible Medicaid beneficiaries, those who had an ambulatory or preventive care visit. For the age groups, report the following:

1. Age 12–24 months: One or more visits with a PCP (Ambulatory Visits Value Set) during the measurement year.

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2. Age 25 months–6 years: One or more visits with a PCP (Ambulatory Visits Value Set) during the measurement year.
3. Age 7–11 years: One or more visits with a PCP (Ambulatory Visits Value Set) during the measurement year or the year prior to the measurement year.
4. Age 12–19: One or more visits with a PCP (Ambulatory Visits Value Set) during the measurement year or the year prior to the measurement year.

*Value sets required for numerator.*

Name	Value Set
Ambulatory Visits Value Set	See HEDIS®

*Required exclusions for numerator.*

- None

*Deviations from cited specifications for numerator.*

- Not excluding specialty visits or restricting to primary care provider visits only.

### Version Control

**July 2018 release:** The specification was updated to HEDIS® 2018 specifications.

**January 2019 update:** Minor formatting updates were made to the metric specification sheet. This includes updating the URL of the source specification and changing HEDIS™ to HEDIS®. No substantive changes were made to the specification.